

# FMCOG MISSION TRIP APPLICATION INSTRUCTIONS

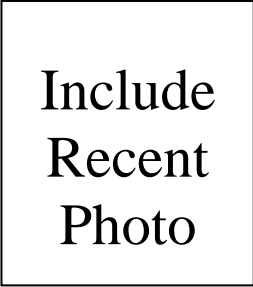


1. **Read all of the enclosed materials.** \_\_\_\_\_
2. **Complete, sign, and submit the application.** \_\_\_\_\_
3. **Enclose the \$200 non-refundable application fee.** \_\_\_\_\_
4. **Attach a recent photograph.** \_\_\_\_\_
5. **Complete and submit the Medical History Form.** \_\_\_\_\_
6. **Complete, notarize, and submit the Liability Release form.** \_\_\_\_\_
7. **Complete, notarize, and submit the Medical Release form.** \_\_\_\_\_
8. **Pastor recommendation sent.** \_\_\_\_\_
9. **Copy of passport submitted to leader.** \_\_\_\_\_
10. **Consent to Travel (for minors, if applicable)** \_\_\_\_\_

**Fort Mill Church of God MISSION TRIP**

**Application Form**

(Type or print in ink)



T-Shirt Size: \_\_\_\_\_

Date of Trip: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name as it appears on passport \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Occupation \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female Birthplace \_\_\_\_\_  
Mo. Day Yr City State Country

Citizenship \_\_\_\_\_ Passport No. \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Marital Status (circle one) Single Married Divorced Widowed Age \_\_\_\_\_

**EDUCATIONAL INFORMATION**

Full- or Part-Time Student?  Full-Time  Part-Time  Not Applicable

Educational Institution \_\_\_\_\_

Program of Study (Major/concentration): \_\_\_\_\_

What degree(s)/certificate(s) do you hold (include year of completion)? \_\_\_\_\_

Foreign language study, extra-curricular activities or cross-cultural experience: \_\_\_\_\_

\_\_\_\_\_

**FAMILY INFORMATION**

*(For those 18 years and younger)*

**Father/Guardian** \_\_\_\_\_ Contact: \_\_\_\_\_

**Mother/Guardian #2** \_\_\_\_\_ Contact: \_\_\_\_\_

**SPIRITUAL LIFE**

Have you accepted Jesus Christ as Savior of your life?       Yes     No      If so, at what age\_\_\_\_\_

Have you been baptized in water? (Matthew 3)       Yes     No

Have you experienced the baptism of the Holy Spirit? (Acts 2)     Yes     No

Are you a member of Fort Mill Church of God?       Yes     No

If not, please indicate name of church, name of pastor, and church location.

Church name\_\_\_\_\_City/State:\_\_\_\_\_

Lead pastor\_\_\_\_\_

List the areas of Christian service where you have or are presently serving:\_\_\_\_\_

---

---

---

**MISSIONS EXPERIENCE**

Have you ever participated in any other short term missions trips?     Yes       No

Details/dates: \_\_\_\_\_

List experience in personal or group witnessing: \_\_\_\_\_

---

Have you participated in long-term missions programs (>1 month)?     Yes       No

Name of program and sponsoring religious organization, if any\_\_\_\_\_

---

Describe other missions experience:

Have you ever been convicted of or pleaded guilty to any crime and/or felony (other than a traffic violation)?  Yes  No

Have you ever been convicted of or pleaded guilty to any charge of sexual misconduct?  Yes  No

*If yes to either, please explain below:*

---

---

---

### APPLICATION FEE

Attach a \$200 non-refundable deposit in the form of a check or money order made out to Fort Mill Church of God, and submit with application materials. This deposit will be applied to the cost of your trip.

I hereby apply for acceptance as a missions trip team member. I have read and understand the application materials regarding the application process and participation in the missions trip. If accepted, I will work in harmony with the mission of the Church of God leadership. As a team member, I will seek to spread the Good News of Jesus Christ to the world. I agree to a background check.

I hereby affirm that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

*"Go into all the world and proclaim this Gospel to all creation."*

FMCOG Missions does not discriminate against any individual. Rather, FMCOG Missions welcomes the participation of all individuals regardless of race, sex, color, national or ethnic origin

## MISSIONS TRIP - LEAD PASTOR RECOMMENDATION

Give this recommendation form to your Lead Pastor. He or she will forward the completed form to the Missions Director.

**Part I to be completed by the applicant. Please print.**

Name of applicant \_\_\_\_\_  
Last
First
M.I.

Applying for \_\_\_\_\_ Date of trip \_\_\_\_\_  
*(Specify trip)*

**Part II to be completed by Lead Pastor. Please print. This recommendation is confidential.**

Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

Based upon your association with the applicant, respond to the following statements in the left column by checking the appropriate evaluation in the right column.

	Excellent	Above Average	Average	Questionable	No opportunity to observe
Consideration of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct with the opposite sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racial attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open to new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to resist compromise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to interact in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. How long have you known the candidate? \_\_\_\_\_

2. In what relationship have you known and observed the candidate? \_\_\_\_\_

3. Describe the applicant's observable dedication to his/her faith. \_\_\_\_\_

4. Describe leadership abilities or talents: \_\_\_\_\_

5. Does he/she have any emotional, mental or physical handicaps? \_\_\_\_\_

6. Please state any other information you feel would be of value to the application review committee. \_\_\_\_\_

\_\_\_\_\_

7. Has the applicant completed a background check for serving within the church? \_\_\_\_\_

8. Overall, how would you rate the applicant as a potential missions trip participant?

Excellent

Good

Fair

Poor

\_\_\_\_\_  
Lead Pastor Signature

\_\_\_\_\_  
Date

**Submit completed form to FMCOG Missions Director**

# Liability Release Form

## Release of All Claims

I (we) being 21 years of age or older, do for myself (ourselves) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless Church of God International Offices and the directors thereof along with the Fort Mill Church of God from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned (or said child-participant) while participating in the trip or activity.

Furthermore, I (we) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees, and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

\*APPLICANTS UNDER AGE 21 REQUIRE AN ADDITIONAL NOTARIZED FORM WITH SIGNATURE OF PARENT/GUARDIANS.\*

This form must be SIGNED and NOTARIZED

\_\_\_\_\_  
Participant or Legal Guardian(s) Signature(s)      Date

\_\_\_\_\_  
Participant's Name (PLEASE PRINT)

I \_\_\_\_\_ have read and understood the above  
Participant or Legal guardians name(s) if applicable (please print).  
Liability Release.

This document signed at \_\_\_\_\_ County in the state of \_\_\_\_\_,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY SIGNATURE

My commission expires \_\_\_\_\_, 20\_\_\_\_

Submit completed and notarized form to:

**Missions Coordinator**

Fort Mill Church of God, 221 Academy Street, Fort Mill, SC 29715

# MEDICAL RELEASE AGREEMENT

I (We) \_\_\_\_\_ do further give my  
*Participant or Legal Guardian(s) Name(s) (Please print)*

(our) consent for the director or properly appointed staff member of the Church of God to secure the administration of medical treatment in case of emergency. And I (we) do further agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician is deemed necessary for myself (or for and on behalf of my/our child-participant if said child is under age 21).

This form must be SIGNED and NOTARIZED

\_\_\_\_\_  
Signature(s) of Participant or Legal Guardian(s)      Date      Participant's Name (PLEASE PRINT)

I \_\_\_\_\_ have read and understood the above Medical  
*Participant or Legal Guardian(s) name(s) (please print)*

Release.

This document signed at \_\_\_\_\_ County in the state of \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY SIGNATURE

My commission expires \_\_\_\_\_, 20\_\_\_\_

Submit completed and notarized form to: **Missions Director**  
Fort Mill Church of God  
221 Academy Street, Fort Mill SC 29715

\*APPLICANTS UNDER AGE 21 REQUIRE NOTARIZED FORMS WITH SIGNATURES OF PARENT/GUARDIANS.\*



# MEDICAL HISTORY FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

Birthdate \_\_\_\_\_

Family Physician \_\_\_\_\_

Address \_\_\_\_\_

Physician telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_

## Provide the following information:

Please indicate any other medical conditions that we should know about (Use the back of this page if necessary):

Allergies	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Epilepsy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Asthma	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Heart Condition	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Diabetic	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Kidney Condition	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Digestive Disorders	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Physical Limitations	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

If you have checked YES to any of the above, please explain \_\_\_\_\_

Are you presently receiving any other prescribed or over-the-counter medication?  YES  NO

Please list all medications: \_\_\_\_\_

(Continue on back if needed)

## IN CASE OF EMERGENCY, NOTIFY:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Cell (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

I hereby certify that this information is an accurate representation of my medical history. Should any changes in this occur, I will notify the Fort Mill Church of God offices immediately at 803/547-2629.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

Submit completed form to:

**Missions Director at Fort Mill Church of God**

P O Box 94, Fort Mill, SC 29716

Revised 11/18/2021



# MISSIONS TRIP

## MISSIONS TEAM COVENANT & GUIDELINES

As a precautionary measure, we are asking each participant to review the following information and abide by them at all times. It is the responsibility of the missions trip coordinator to see that this trip operates in a safe and effective manner, therefore, your cooperation is necessary. A separate background check may be required.

1. All missions trip team members will work under the leadership and supervision of their team leader(s) and missionary hosts.
2. All team members must work as a team during their missions trip experience, from departure to return. There is no room for individualism with the missions trip.
3. All missions trip team members must uphold the rules of dress and conduct denoted by the team leader.
4. All missions trip team members will uphold the Practical Commitments of the Church of God as stated in the Church of God Minutes and in the booklet "Our Statements of Faith." This includes refraining from the use of profanity, tobacco, alcohol, or illegal drugs.
5. No missions trip team member may independently separate from the group during travel.
6. Absolutely no dating within the team or with any individual from the host area is permitted. Inability to observe this rule will result in immediate travel home at the participant's added expense.
7. All missions trip team members will be required to spend time each day in personal prayer and devotions aside from the scheduled prayer, devotions, and Bible studies with the missions trip team.
8. All missions trip team members will maintain a Christ-like attitude, compassion, and demonstration of the Fruit of the Spirit and the 7 Heart Attitudes on the trip.
9. All missions team members should encourage one another and help one another through the experiences on the trip. Memorize Ephesians 4:32 and take it to heart.
10. All missions team members should give spiritual and practical encouragement and support to their team leader(s), understanding the responsibilities that are involved in this position. Team members should seek to assist the team leader(s) everyday in any way possible to facilitate the ministry of the mission.
11. Absolutely no mode of weaponry will be allowed.

**I UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE REGULATIONS AND SAFETY GUIDELINES.**

Potential Team Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Team Leader approval: \_\_\_\_\_ (office use only)

# CONSENT TO TRAVEL (Minors)

*(Please print)*

We \_\_\_\_\_ and \_\_\_\_\_ give our full

approval and consent to \_\_\_\_\_ (our son/daughter) to travel from

\_\_\_\_\_ to \_\_\_\_\_ with the

Church of God Missions Trip Team from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Yr. Mo. Day Yr.

**Both Parent(s) or Guardian(s) must sign this form.**

\_\_\_\_\_  
Father/Legal Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Mother/Legal Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**This form must be SIGNED and NOTARIZED**

I (we) the Parent(s) or Legal Guardian(s) \_\_\_\_\_  
Father/Legal Guardian (please print)

\_\_\_\_\_ of \_\_\_\_\_  
Mother/Legal Guardian (please print) Participant's name (please print)

have read and understood the above Consent to Travel.

This document signed at \_\_\_\_\_ County in the state of \_\_\_\_\_,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY SIGNATURE

My commission expires \_\_\_\_\_, 20\_\_\_\_

Consent to travel required for minors only.